

*With the writer's compliments*

F68



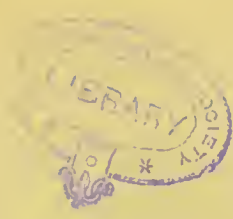
(7)

A CASE OF SUBLUXATION OF THE LENS,  
WITH DOUBLE RUPTURE OF THE  
CHOROID. RECOVERY WITH  
GOOD VISION.

BY  
B. A. RANDALL, M.D.  
OF PHILADELPHIA.

Reprinted from Transactions of American Ophthalmological Society, 1886.





A CASE OF SUBLUXATION OF THE LENS, WITH  
DOUBLE RUPTURE OF THE CHOROID.  
RECOVERY, WITH GOOD VISION.

---

JOHN C——, aged twelve, presented himself at my clinic at the Children's Hospital, May 17, 1885, his left eye having been injured by a blow from a heavy chip of wood some hours previously. The lids were somewhat contused and œdematous, and there was a laceration of the outer canthus extending the palpebral fissure outward 5 or 6 mm., its edges in good approximation. A cut of the left side of the nose near the bridge indicated by its direction the line of flight of the chip, and that its impact upon the eye was a glancing one—passing obliquely up and outward. The conjunctiva was much congested and the cornea superficially hazy, with circumcorneal injection. The anterior chamber contained blood at its lower part, and the aqueous seemed blood-stained. The iris appeared greenish (that of the other eye being grey, and the boy quite blond), the pupil was irregular, large medium, immobile, and widest outward; and the outer portion of the iris seemed pressed forward. No tremulousness of the iris was at this time noted, although this was soon after distinct, especially in the inner portion. T. apparently normal. Atropine had been instilled by the house-surgeon earlier in the day, without, however, changing the condition of the pupil. Vision was reduced to quantitative perception of light, and there seemed to be imperfect projection. No details of the fundus were visible, but there was an unduly whitish reflex from the temporal eye-ground suggestive of retinal detachment. The lens appeared to be in nearly normal position—its margins nowhere visible and its substance showing no opacities. There was little pain

or tenderness. Atropine was instilled and a pressure-bandage applied; a purgative was given and rest enjoined, and he was ordered to report daily from his home near by, for examination and dressing.

Three days later the eye was less irritable and injected,—the iris of more normal color, slightly tremulous,—the reflex from the fundus was more distinct, with no evidence of retinal detachment, and the field seemed normal. Fingers could now be counted at one metre.

A week after the injury the eye was nearly quiet. The lens was unmistakably subluxated, and its inner-upper margin visible; and the iris was more tremulous, its outer portion still apparently pressed forward by the dislocated lens. The fundus was now visible, and lesions before surmised were unmistakably seen. A rupture of the choroid, constituting a circular arc of  $70^\circ$ , nearly concentric with the disk, was visible a little outside of the macular region. It was some five disk-diameters in length, and gaped in some places as much as half the breadth of the disk. The glistening sclera was visible throughout its length, although obscured at some points by remains of extravasations. The margins were generally yellowish, and here and there outlined by pigment heaps. Close to the temporal margin of the papilla was another rupture, extending upward from a point one diameter below the outer margin of the disk, concentrically with its border, to be lost above the disk in a rounded area of choroidal inflammation. This area embraced the upper and inner margins of the nerve, was at first sharply defined through most of its extent, and with the rupture, which extended into it, formed a figure like a comma. It was strongly yellowish throughout, and showed by the uncovered vessels and the scattered pigment clouds a commencing atrophy of the choroid. The pigment was, however, in part at least, anterior to the retinal vessels. There was no evidence as to the retina having been anywhere torn; its vessels were only somewhat tortuous, and in places veiled by haze. The eye was myopic and highly astigmatic, being best seen with a concave cylinder glass of about 5 D., axis vertical.

The mydriatic and compress were continued for several weeks, during which the eye steadily progressed towards more normal conditions. The inflammatory state of the choroid passed away; but the area of change increased considerably in extent, and the absorption and heaping-up of the pigment advanced. The macular rupture narrowed until no sclera could be seen, and the pigment deposits grew denser and more extensive. The tear near the disk closed less, while its pigmentation was rather more marked. The corneal haze disappeared and the astigmatism grew less, making the eye-ground easier of study; and vision markedly improved. The pupil remained irregularly dilated long after the mydriatic was discontinued, and responded but slightly to light or to eserine.

At present the pupil is still small medium and vertically oval, but responds fairly to light. The iris corresponds to its fellow in color, and the anterior chamber is nearly normal in depth, but its inner part may be slightly deeper and the iris is tremulous. The rent in the macular region is closed; the choroid seeming thin in places, but entire; and it looks as if in time nothing but the pigmentation will be left to mark its site, and this seems less than it was. The rupture at the disk is less perfectly healed, but might be mistaken for a peculiar conus. The area of choroidal change is still more extensive, embracing all but the temporal border of the disk, and fading out into the general lightly pigmented eye-ground; but the original area is almost wholly atrophic between the vessels. The disk seems rather greyish and its vessels are small. The limits of the field are not narrowed, but the damaged areas appear as partial scotomata for colors, and perhaps for form. The eye shows only a slight hypermetropic astigmatism. The vision is  $\frac{6}{12} +$  on the metric card, not increased but sharper with glasses. Jæger No. V. can be read by the unaided eye at 25 cm.; and with  $+3$  D. Jr. No. I. is easily read from 12 to 30 cm. The right eye has low H.As. with V. =  $\frac{6}{12}$ ? Jr. I. p.p. 13 cm., and with  $+3$  D. p.p. 6 cm. He is comfortable at work, the visual axes are parallel, and he notes no diplopia or other trouble. The sketches submitted represent the appearances about two weeks after the accident and at the present time, eight weeks later.

In view of the extent of the injuries here suffered, the completeness of the recovery seems very notable. The return of an eye, after such interference with the lens, to an approximately *emmetropic* condition, and the regaining of about 5 D. of its total 11 or 12 dioptrics of accommodation, were results wholly unexpected. This, with the peculiarity of the lesion near the disk, where the force was able to give a twist, as it were, to an area of the choroid without extending the rent through it, seem to render the case worthy of being laid before the Society.





